

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015296

STATE FILE NUMBER

2 3656

MAY 1 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION H. G. Phillips		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 4237 Finney Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle L. Last LAPSEY			4. DATE OF DEATH Month 4 Day 9 Year 1959
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 27, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Waiter		10b. KIND OF BUSINESS OR INDUSTRY U.S. Admiral	11. BIRTHPLACE (City and state or country) Nashville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Dan Lapsley	
13b. MOTHER'S MAIDEN NAME Josephine		14. NAME OF HUSBAND OR WIFE Kitty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Kitty Lapsley Address 4237 Finney Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction tumor mass in lower abdomen Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Tumor mass in lower abdomen DUE TO (c) 239x			INTERVAL BETWEEN ONSET AND DEATH One day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 6, 1959 to April 9 and last saw her alive on April 9, 1959 Death occurred at Home of H. G. Phillips at 2:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. C. Haskell (Degree or title) M.D.		22b. ADDRESS 1303 N. King highway Dr. Haskell	22c. DATE SIGNED 4-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/13/1959	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or country) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney		25. DATE RECD. BY LOCAL REG. APR 14 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

All deaths in Part I must be causally related.
 Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Do not use blue or red ink or ribbon.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Gayton Swan*
Licensed Embalmer No. 4580.....

P. O. Address 4107 Finney...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.